

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 638249**

1. Entity Name  
**BERNARD D. STEIN M.D., P.A.**



Principal Place of Business

**508 SOUTH HABANA  
SUITE 160  
TAMPA, FL 33609**

Mailing Address

**P.O. BOX 18904  
TAMPA, FL 33679**

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-1951122**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STEIN, BERNARD D  
508 S HABANA AVE  
S160  
TAMPA, FL 33609**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
STEIN, BERNARD D.  
508 S HABANA S160  
TAMPA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000373599  
07/19/05-80004-018 \$50.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**BERNARD D. STEIN M.D.** 6/30/05 (813) 877-6511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #